



## PART B - ISSUE FEE (S) TRANSMITTAL

Printed name and mail this form, together with applicable fees, to:

**Box ISSUE FEE**  
**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections or use Block 1)

STITES & HARBISON, PLLC  
 SUITE 900  
 1199 N. FAIRFAX STREET  
 ALEXANDRIA, VA 22314

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate

**Certificate of Mailing**

I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box Issue Fee address on the date indicated below..

(Depositor's name)
(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.
10/536,758	10/06/2005	Nils Reimers	ACAP.0009	8379

**TITLE OF INVENTION:** METHOD AND DEVICE FOR ACTIVATION OF A DETONATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$1055	02/16/2010

EXAMINER	ART UNIT	CLASS - SUBCLASS
CHAMBERS, TROY	3641	089-001150

1. Change of correspondence address or indication of "Fee Address" (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

{ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

{ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. Stites & Harbison, PLLC

2. Juan Carlos A. Marquez, Esq

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Total Catcher Offshore AS

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bergen, Norway

Please check the appropriate assignee category indicated below (will not be printed on the patent)

{ individual       Corporation or private group entity      { government

4a. The following fees are enclosed:

Issue fee

Publication Fee

Advance Order - # of Copies: 3

4b. Payment of Fee(s):

Payment by credit card. Form PTO-2038 is attached.

The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0555.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date) December 29, 2009

Juan C.A. Marquez Reg. No. 34,072  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered patent attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office

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12/30/2009 LNGUYEN2 00000060 10536758

01 FC:2501	755.00	OP
02 FC:1504	300.00	OP
03 FC:8001	9.00	OP

TRANSMIT THIS FORM WITH FEE(S)

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